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The province to the south has been laid waste by the Northern troops; houses and crops not destroyed by shells have been burned, and another No-man's Land created. Now a new disease has broken out through the devastated area, said to resemble plague, which is again active in Mongolia. Our hospital pathologist, Dr. Shen, trained at Harvard Medical School, has gone to investigate, and see what preventive measures will be most effective. As the city is still under martial law it will be necessary to win over the military authorities to put in force any of the regulations deemed necessary, but we hope they will help to protect the city.

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## THE RESPONSIBILITY OF THE HOSPITAL TO THE TRAINING SCHOOL <sup>1</sup>

BY ADDA ELDREDGE, R.N.

*Interstate Secretary, American Nurses' Association*

When given this title, I felt like saying what the farmer said when he saw the picture of a giraffe, "There ain't no such animal." We have usually reversed the proposition and have spoken of the responsibility of the training school to the hospital, and on this subject we have any amount of data, much criticism and advice. It is like the proverbial address to the graduating class by the favorite member of the medical staff, on the duty of the nurse to the doctor, the necessity of her loyalty to him, and yet the reverse of this doesn't work *en masse*, as can clearly be seen by the attitude of some of the medical profession towards nurses in general and, perhaps we might say as an example, of some of them towards rank for nurses, in particular.

We might also say that the subject of the responsibility of the training school to the hospital developed from the fact that, to quote from Miss Palmer, the first ten years after the introduction of the training school were devoted to an actual cleaning up of the hospitals, the fight against dirt, vermin, etc., these being very real battles to the women who entered those first training schools.

Nursing is so evidently woman's heritage, that the first women in the field did not take men's places, they made the place and the profession for women, which is the converse of her entrance into other fields outside the home.

We of to-day like to leave out the word training, and speak of "schools for nurses," and it has been necessary, as the multitude of such schools has sprung up, to emphasize the school, as to the average

<sup>1</sup> Read at a meeting of the New York State League of Nursing Education, Rochester, N. Y., December 3, 1918.

lay, and even medical, mind, the training has overshadowed the schooling.

For ten years, at least, we were struggling for laws to force a reasonable minimum education and training upon our schools, sometimes requiring many subjects, forgetting or overlooking staff and equipment.

To-day we are beginning to realize that in many instances these laws are hindering the very progress we have been striving for. Perhaps war has forced us to see our limitations and inelasticities. We certainly have found out that our machinery isn't exactly well oiled. Notice our survey, which differed as much in different states as do our schools and our laws. However, we stand to-day at the beginning of a reconstruction period in our profession as well as in our country and in the world.

For years our hospitals, governed, some by public commissioners, some by private corporations, some as philanthropic institutions, some as a means for private gain, some as state, county or municipal institutions, have all cared for their patients, whether the millionaire or the pauper, by and through the services of young women, at first by those anxious to be trained that they might do something for humanity and later, as the hospital training schools vied with each other for pupils, by those obliged to earn a living and who were seeking a home and maintenance during the period of preparation, as well as by those choosing a profession or a life's work.

The value of the student nurse, i. e., the value of the school to the hospital, has been tremendously emphasized since war has called so many of our graduate nurses into service, both at home and "Over there," and the readjustment of this is one of the reconstruction problems we shall have to face.

The public has been aroused to an appreciation of the value of training as never before. This has been strengthened by the Government's refraining from using untrained workers,—the end of the war proving a Providence in this case.

The fact, which is a fact, no matter how we may try to evade it, is that much of the previous attitude of the public and of the hospital trustees has been and still is directly traceable to the nursing profession, and to the methods of training of which we are, and with much reason, proud,—the military discipline which forced the acceptance even of evils by our students on pain of dismissal and a closed door thereafter. I have heard even Miss Nightingale blamed for this. You will probably tell me that I am talking of the past, but I can assure you that this is not so. This is true even to-day, though gradually changing.

To-day, in many of the schools in our country, the only guarantee the young woman has of a square deal, is the woman in charge of the school and she is a constantly changing factor, nor is she always fitted for her work, for even to-day, business men look for and expect from an average woman of average education and attainments that she should be a good executive, a good financier, a good teacher, a good surgical nurse, a good housekeeper, a good bookkeeper, and also a diplomatist, and that she should exercise every one of these qualities every day.

Our state boards, many of them, know only by the answers to questionnaires what the individual school is giving, and many of the women on the boards do not know what a school should give. I know of states which prohibit the placing of a woman connected with a school for nurses on the board. In another state, a woman who had graduated from a special hospital and had had one case, was president of the board. After talking with the members of hospital boards, we find this, that many of them know only the minimum requirements of the state laws. It is interesting to see the change of attitude when, in response to the statement, "We give what the State Board asks," we say, "Yes, but you give the *very least* the State Board will accept."

The superintendent, in her effort to get what will accredit the school, fails to convey to her board that this is not doing well, it is simply not failing. State boards working under pressure, political and otherwise, accredit schools to which they would be unwilling to recommend pupils.

Our superintendents, many of them carrying the financial burden of the hospital as well as the burden of educating the pupil, take the former as the greater responsibility and allow their boards to take or keep the same point of view. Or else, feeling that the financial problem cannot be changed and realizing their pledge to the pupil, they try to force themselves to be all things to all men and break in the effort.

Every reform in the nursing profession has come from the inside, and the duty of placing this responsibility for the training school upon, and putting it up to, the hospital boards is ours. We must bring home to the hospital boards that it is all right to start a hospital, as long as the sick in it are cared for, but that a training school is an educational institution, and that the young woman giving her services for an education should receive this education in full measure or else she is exploited.

Interesting the public through placing our Red Cross nursing activities under the chapter, the Student Nurse Reserve under the Council of National Defense, are moves that, while complicating many

of the nursing problems, have awakened the public interest in nursing schools and nurses; it remains for us to see that this interest is directed toward the improving of homes for nurses, the shortening of hours, the providing of proper instructors and instruction, of proper recreation and supervision, the supplying of equipment and libraries, the putting of nurses on hospital boards, etc.

Do not let us make the mistake of thinking that this aroused interest and enthusiasm for nursing can take away our responsibilities. We must not turn the nursing profession over to lay men and women, but get them to coöperate. Let us work harder than ever to have nurse boards of examiners, nurse inspectors of training schools, nurses on hospital boards, and visiting-nurse boards, to control and guide those interested in training schools and pre-nursing courses. Let us see that the nurses in our schools, when graduated, have a proper appreciation of what they owe the public, but an equal appreciation of the public's responsibility toward the hospital and its school, that each one of them may help in the education of that public, that we may use the enthusiasm and interest aroused by this war and not pull down what the women of our profession in the past have built up, that is, the responsibility of the nursing profession to the public and, through the public, for the trustees' interpretation of the hospital's responsibility to the training school. One superintendent has told me that she carefully prepares a fresh programme for her board, that they may never feel that the work is complete, but that there is a goal ahead.

Our leagues should help to bear this responsibility. On their programmes should be talks for the hospital boards. The general public should be aroused, and just as we endeavor that parents should get in touch with the public schools, so should we endeavor to get them interested in the training schools and what they offer and to see that they fulfill their promises. We should encourage them to visit the schools.

Some of our states are hoping to eliminate many of the poorest schools; letting them train attendants is, of course, a subject for discussion and probably, disagreement.

That a few small hospitals have been wise enough to make a budget, and on this basis to discontinue the school and employ graduates, giving patients care at a lesser cost and without exploitation of the pupil, is another subject for thought and discussion.

To sum up the ideas I have tried to bring out: First, the subject of this talk, "The Responsibility of the Hospital to the Training School," is something that does not exist, except in isolated cases, in our larger schools, where the whole proposition is summed up

in, "It pays,"—in reputation, bringing pupils, patients, etc. Second, the combination of hospital and training school superintendent in one person tends to minimize this responsibility, both in its appearance to the superintendent and in her translation of it to her board, especially if the financial problem is difficult. Third, we do not inculcate in our pupils a sufficient appreciation of what this responsibility is, so that she often carries the "good enough for me is good enough for them" attitude into her association with the public. Fourth, we need more uniform laws, more inspection of training schools in all states, more careful selection of state board members, if possible, and greater responsibility in accrediting schools. Fifth, this is the psychological moment in nursing, we must be careful that our placing of responsibility on the laity does not at the same time put too much emphasis on lay help, and give the control of the profession into their hands. Sixth, we, through our associations and leagues must get the proper information to the hospital trustees, the medical profession and the public. All of which means deeper, more practical and closer work, so that the light from within may lighten the world as to our mutual responsibilities.

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## SOME EXPERIENCES IN ACTIVE SERVICE—FRANCE

BY GRACE E. ALLISON, R.N.

*Cleveland, Ohio*

### PART II

*(Continued from page 272)*

The sound of the awakening bugle performed its function well. Nurses in white uniform were soon seen hurriedly passing back and forth through the narrow corridors of the dormitory and in and out of small rooms separated by single board partitions. A few boxes here and there and some neatly stacked bedding were the only evidences of furniture remaining after the exit of the British nurses, whose army regulations had obliged them to take their complete outfit with them.

In the American Expeditionary Force, the nurses' quarters are equipped by the United States Government, but our Unit, being in the service of both Armies, found itself temporarily unprovided for. This, however, was speedily remedied by the British Government, which was very generous in supplying everything possible for our comfort.

The bugle call was soon followed by breakfast in the "mess," consisting of sardines, bread and butter, jam and coffee, each nurse receiving her allotted ration. The mess-hall was much more attractive than one might suppose from the bare wooden walls and cross-